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Bib Data Sheet

CONFIRMATION NO. 3931

<b>SERIAL NUMBER</b> 10/009,915	<b>FILING DATE</b> 05/22/2002 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 22310/04020
<b>APPLICANTS</b> Niloy Bhadra, Cleveland Heights, OH; Michael W. Keith, Moreland Hills, OH; Kevin L. Kilgore, North Olmsted, OH; P. Hunter Peckham, Cleveland Heights, OH; Thomas Stage, Cleveland Heights, OH; Martha Marie Gazdik, North Royalton, OH;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/US00/11943 05/01/2000 * AND IS A DIV OF 60/131,811 04/30/1999 (*)Data provided by applicant is not consistent with PTO records.				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 14  <b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> Jeanne E Longmuir Calfee Halter & Griswold Suite 1400 800 Superior Avenue Cleveland ,OH 44114-2688				
<b>TITLE</b> Surgical tools				
<b>FILING FEE RECEIVED</b> 504	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	